	NDIDATE / OFFICE	HOLDER	Κ.	FORM JC/OH
CAMPAIGN F	INANCE REPORT		3727	COVER SHEET PG 1
The JC/OH Iматкистюм Gu	DE explains how to complete this for	ın. 1 ACı	COUNT # lics Continuesion filers)	2 Total pages filed:
3 CANDIDATE /	TITLE FIRST		Mi	OFFICE USE ONLY
OFFICEHOLDER NAME	JUDGE GUY			Date Received
NAME	JUDGE GUY NICKNAME LAST		SUFFIX	•••
	HERMAN	Ī		= =
1 CANDIDATE /	ADDRESS / PO BOX, APT / SUITE #.	CITY;	STATE; ZIP CODE	TRAVE
4 CANDIDATE / OFFICEHOLDER	P. O. BOX 2561			200 5 7
ADDRESS	AUSTIN, TEXAS 78767			241 – F
Change of Address				- 1 - 5 T
5 CAMPAIGN	TITLE FIRST		MI	Receipt #
TREASURER NAME	MARTHA		s.	HD / PM > Amount
	NICKNAME LAST		SUFFIX	19 100Ased 5 1998
	DICKIE			Date imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE).	APT / SUITE #;	CITY, STATE;	ZIP CODE
TREASURER	1100 GUADALUPE		AUSTIN TEXAS	s 78701
ADDRESS (Residence or business				
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER		EXTENSION	
PHONE	(512) 476-4873			
8 REPORT TYPE		fore election	Runoff	15th day after campaign treasurer appointment (officeholder only)
٠.	July 15 8th day before	ore election	Exceeded \$500 limit	Final report (Attach JC/OH - FR)
9 PERIOD	Month Day Year	THROUGH	,	Day Year
COVERED	07 / 01 / 97	micoodii	12 /31	/97
10 ELECTION	· ·	ECTION TYPE		
	Month Day Year	Primary .	Runott	General Special
				-
11 OFFICE	OFFICE HELD (II any)		12 OFFICE SOUGHT (# H	rucwii)
	PROBATE JUDGE			
13 DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are candidates are required to disclose this.	campaign expend is information on	itures made by others will ly if they receive notificati	hout the candidate's prior consent or approval ion of the direct campaign expenditure. ••
BY OTHER INDIVIDUALS	Name			
	Address / PO Box; Apt / Suite #, City;	State, Zip Cod	3	· · · · · · · · · · · · · · · · · · ·
authorial pages				
	But the state of the second se			
	3			
		SO TO PAG	it 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:

FORM JC/OH

SUPPORT &	IOIALS		COVER SHEET PG 2
4 C/OH NAME JUDGE GUY HE	RMAN	1	15 ACCOUNT # (Ethics Commission filers)
6 SUPPORTING POLITICAL COMMITTEE(S)	may have been mad	des political expenditures by political committees to support the can be without the candidate's or officeholder's knowledge or consent. Can be only if they receive notice of such expenditures. ••	ididate / officeholder. These expenditures didates and officeholders are required to
9	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
adritional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
• • •	·		
CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N S
	2. TOTAL	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,750.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	MIZED \$
	4. TOTA	L POLITICAL EXPENDITURES	\$ 3,421.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E REPORTING PERIOD	\$ 14,905.33
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	* THE \$ -0-
18 AFFIDAVIT			
			of perjury, that the accompanying report all information required to be reported by
		Signature of o	andidate or Officeholder
AFFIX NOTARY	STAMP / SEAL ABO	/ ^{VE}	- T4 ()
Swom to and subscribe			_15 day of Januar
19-10 , to certify	which, withess my h		ERONICA V. JARAMILLO
Signature of officer ad	dministering call	Print name of officer administering	Notary Public. State of Texas. Ny Calamatica Espete Sept 181, 2006 in Coath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sched	fule A(J):	
2 FILER NAM	IE		3 ACCOUNT # (Ethi	cs Commission filers)	
JUDGE GU	Y HERMAN				
4 Date 7/2/97	5 Full name of contributor BM&OH-Electo-PAC	out of state PAC	7 Amount of contribution (\$) . \$500.00	8 In-kind contribution description(if applicable)	
	6 Contributor address; City; State; Z		Ψ500.00		
	1400 Franklin Plaza Austin, Texas 78701				
	Contributor's principal occupation Attorneys Contributor's employer/law firm 10 Contributor's j				
	employer/law firm rroll & Oaks Hartline	12 Law firm of cor	ntributor's spouse (if a	ny)	
	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
10/22/97	Jerry Frank Jones, P.C. Contributor address; City; State; 2	Jones, P.C. \$250.00			
	823 Congress Ste. 910 Austin, Texas 78701				
Contributor's Attorney	principal occupation	Cantributor's ja	ob title		
Contributor's	employer/law firm	Law firm of co	Law firm of contributor's spouse (if any)		
If contributor	is a child, law firm of parent(s) (if any)				
Date 11/11/97	Full name of contributor McGinnis, Lochridge & Kilgo	out of state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description(if applicable)	
	Contributor address; City; State; 3	Zip Code			
	Austin, Texas 78701				
Contributor's Attorney	principal occupation	Contributor's je	ob title		
	s employer/law firm	Law firm of co	ontributor's spouse (if a	iny)	
					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN			SCHEDULE A (J)
The Instruction	Guide explains how to complete this form.		1 Total pages Sched	dule A(J):
2 FILER NAME	=		3 ACCOUNT # (Em	ics Commission flers)
JUDGE GU	Y HERMAN			
4 Date 12/15/97	5 Full name of contributor Arenson Spears 6 Contributor address; City, State; Zip Code	out of state PAC	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description(if applicable)
	P O Box 160580			
	Austin, Texas 78767			
9 Contributor's p Attorney:	orincipal occupation S	10 Contributor's job	title	
11 Contributor's	employer/law firm	12 Law firm of contr	ributor's spouse (if a	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)			
12/18/97 Graves, Dougherty, Hearon & Mod		out of state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code P. O. Box 98			
	Austin, Texas 78701			
Contributor's (principal occupation neys	Contributor's job	title	
Contributor's	employer/law firm	Law firm of cont	ributor's spouse (if a	any)
If contributor i	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		-	
Contributor's	principal occupation	Contributor's jot	o title	
Contributor's	employer/law firm	Law firm of contributor's spouse (if any)		
If contributor	is a child, law firm of parent(s) (if any)	<u> </u>		
				-
If cont	ATTACH ADDITIONAL COPIE ributor is out-of-state PAC, please see instr			ting requirements.

he Instructio	on Guide explains how to complete this for	rm.	1 Total pages Sche	dule B(J):
FILER NAM	E		3 ACCOUNT# (EI	nics Commission filers)
JUDGE G	UY HERMAN			
TOTAL	OF UNITEMIZED PLEDGES:	t t t	\$	\$
Dale	6 Full name of pledgor	out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; Sta	te; Zip Code		1
Pledgor's pri	ncipal occupation	11 Pledgor's Job til	le	
Pledgor's en	nployer/law firm	13 Law firm of pled	dgor's spouse (if any	')
. If pledgor is	a child, law firm of parent(s) (If any)			
Date	Full name of pledgor	out of state PAC	Amount of pledge (\$)	tn-kind description (if applicable)
	Pledgor address: City: Stat	le; Zip Code		
Pledgor's pr	incipal occupation	Pledgor's job ti	lle	
Pledgor's er	nployer/law firm	Law firm of ple	dgor's spouse (if an	y)
If pledgor is	a child, law firm of parent(s) (if any)			<u></u>
Date	Full name of pledgor	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; Clty; Sla	te; Zip Code		
Pledgor's n	rincipal occupation	Piedgor's job	litle	
	employer/law firm	Law firm of plo	edgor's spouse (if ar	ny)
If pledgor is	s a child, law firm of parent(s) (if any)			
	•			

xas téthics Commission	P.O.Box 12070 Austin, Taxas 75	3/11/2070	(512)4	63 5800 1 800 325 850
LOANS (J	UDICIAL)		S	CHEDULE E (J)
The Instruction Guid	be explains how to complete this form.		1 Total pages Sche	dule E(J):
2 FILER NAME			3 ACCOUNT # (EII	nics Commission filers)
	Y HERMAN			
TOTA	AL OF UNITEMIZED LOANS:	\$ \$ \$	ದು ದು	\$
5 Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution?	1	Code	· · · · · · · · · · · · · · · · · · ·	10 Interest rate
Y N				11 Maturity date
12 Lender's Principal Oc	cupation	13 Lender's Job Title		·
14 Lender's Employer/La	aw Frim	15 Law Firm of lender	s spouse (if any)	
16 If lender is child, law	firm of parent(s) (if any)			
17 Description of Collate	eral			
18 GUARANTOR INFORMATION	19 Name of guarantor			21 Amount Guaranteed (\$)
not applicable		Code		
22 Guarantor's Principal	I Occupation	23 Guarantor's Job Tit	ie	
24 Guarantor's Employe	er/Law Frim	25 Law Firm of guaran	ntor's spouse (if any)
26 If guarantor is child,	law firm of parent(s) (if any)			

1 800 325 8506

(512) 463-5800

EXPEN	CAL DITURES		SCHEDULE F
The Instruction	Guide explains how to complete this form.		1 Total pages Schedule F: 2
FILER NAME			3 ACCOUNT # (Ethics Commission filers)
JUDGE GUY I			
Date	5 Payee name		7 Amount
/3/97	Travis County Democratic Party		\$500°.00
	6 Payee address: City: State: Zip Code 505 West Lynn Austin, Texas 78704		
Purpose of exp	penditure .	9 ·· Complete if direct expe	
Contribu	tion		
Date	Payee name		Amount (\$)
9/4/97	Texas Bar Foundation Payee address; Clly; State; Zip Code		\$200.00
	P. O. Box 12487 Austin, Texas 78711		
			the state of the s
Purpose of ex	penditure	·· Complete if direct expe Candidate / Officeholder	enditure to benefit C/OH ·· Office sought / held
Furpose of ex	•	·· Complete if direct expr Candidate / Officeholder	enditure to benefit C/OH ·· name Office sought / held
	n Pledge	Complete if direct expended to an include the control of the	Amount
Foundatio	n Pledge Payee name Travis County Democratic Party	Complete if direct expe Candidate / Officeholder	name Olice sought / held
Foundatio	n Pledge	Complete if direct expended and date / Officeholder	Amount
Foundatio	Payee name Travis County Democratic Party	Complete if direct expended and detail of the conditions of t	Amount
Foundatio Date 9/4/97	Payee name Travis County Democratic Party Payee address: City: State: Zip Code 505 West Lynn Austin, Texas 78704	Candidate / Officeholder	Amount (\$) \$500.00
Foundatio	Payee name Travis County Democratic Party Payee address: City: State: Zip Code 505 West Lynn Austin, Texas 78704	Candidate / Officeholder	Amount (\$) \$500.00
Date 9/4/97 Purpose of ex	Payee name Travis County Democratic Party Payee address: City: State: Zip Code 505 West Lynn Austin, Texas 78704	Candidate / Officeholder	Amount (\$) \$500.00
Date 9/4/97 Purpose of exceptions	Payee name Travis County Democratic Party Payee address: City: State: Zip Code 505 West Lynn Austin, Texas 78704	Candidate / Officeholder Complete if direct exp Candidate / Officeholder	Amount (\$) \$500.00
Date 9/4/97 Purpose of exceptions Contribute Date	Payee name Travis County Democratic Party Payee address: City: State: Zip Code 505 West Lynn Austin, Texas 78704 **penditure** tion Payee name Zelle & Larson	Candidate / Officeholder Complete if direct exp Candidate / Officeholder	Amount (\$) senditure to benefit C/OH name Office sought / held Amount (\$)

POLITI EXPEN	ICAL IDITURES		schedule F
The Instructi	он Guide explains how to complete this form.	1	Lotal pages Schedule F:
FILER NAN	AE UY HERMAN	3	ACCOUNT # (Ethics Commission filers)
Date 12/22/97	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code 505 West Lynn		7 Amount (\$) \$1,200.00
Purpose of e	Austin, Texas 78701	9 ·· Complete If direct expendent of the Candidate / Officeholder has	
Filir	ng Fee		•
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
Purpose of e	expenditurë	Complete if direct expendence Candidate / Officeholder in	
Date	Payee name Payee address; City; State; Zip Code		Ansount (\$)
Purpose of (expenditure	Complete if direct exper Candidate / Officeholder in	
Dale	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
Purpose of	expenditure	·· Complete if direct experience of Candidate / Officeholder #	
-	ATTACH ADDITIONAL COPI	ES OF THIS FORM AS NE	EDED

SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS Total pages Schedule G: The Instruction Guide explains how to complete this form. 1 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME JUDGE GUY HERMAN Amount 5 Payee name (\$) City; State; Zip Code 6 Payee address; Reimbursement from 7 Purpose of expenditure political contributions intended Amount Date Payee name (\$) City; State; Zip Code Payee address; Reimbursement from Purpose of expenditure political contributions beboerni Amount Payee name Date (\$) City; State; Zip Code Payee address; Reinbursement from Purpose of expenditure political contributions intended Amount Date Payee name (\$) City; State; Zip Code Payee address; Reimbursement from Purpose of expenditure political contributions intended Amount Payee name Date (\$) City; State; Zip Code Payee address; Reimbursement from Purpose of expenditure political contributions intended ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

he Instructio	N GUIDE explains how to complete this form.	1 Total page	s Schedule H:
TILER NAM JUDGE GI	E UY HERMAN	3 ACCOUNT	f# (Ethics Commission filers)
Dale	5 Rusiness name 6 Business address; City; State; Z	ip Code	7 Amount (\$)
Purpose of pa	ayment	9 Complete if direct exper Candidate / Officeholder name	nditure to benefit C/OH ·· Office sought / held
Date	Business name Business address; City; State;	Zip Code	Amount (\$)
Purpose of p	payment	Complete if direct exper Candidate / Officeholder name	Office sought / held
Date · .	Business name Business address; City; State;	Zip Code	Amount (\$)
Purpose of	payment	Complete if direct expe Candidate / Officeholder патте	enditure to benefit C/OH ·· Office sought / held
Date	Business name Business address; City; State;	Zip Code	Amount (\$)
Purpose of	payment	·· Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH Office sought / held

Austin, Texas 78711-2070

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SC	111	DI	11	Œ	1

_	and the form	1 Total pages Schedule I:	
The Instruction	Guide explains how to complete this form.	1	
		3 ACCOUNT # (Ethics Commis	sion liters)
FILER NAME			
JUDGE GUY		8	Amount
Date	5 Payee name		(\$)
	6 Payee address; City; State; Zip Code		
	7 Purpose of expenditure		
			Amount
Date	Payee name		(\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure		
			Amount
Date	Payee name		(\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure		
• -		·	
			Amount
Date	Payee name		(\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure		
Date	Payee name		Amount (\$)
Date	Payee address; City; State; Zip Code		, .
	Purpose of expenditure		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission SCHEDULE K CREDITS (optional) 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME JUDGE GUY HERMAN 8 Amount 5 Payor name . Date (\$) City; State; Zip Code 6 Payor address; 7 Reason for credit Amount Date Payor name (\$) City; State; Zip Code Payor address; Reason for credit **Amount** Date Payor name (\$) City: State: Zip Code Payor address; Reason for credit **Amount** Date Payor name (\$) City: State: Zip Code Payor address; Reason for credit Amount Payor name Date (\$) Payor address; City; State; Zip Code Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

	OUTSTAN	DING LOANS			SCHEDUL	EL
	The Instruction Gui	DE explains how to complete thi	s form.		1 Total pages Schedule L:	
2	FILER NAME				3 ACCOUNT # (Ethics Commission filers))
	JUDGE GUY H	IERMAN				
	LENDER INFORMATION	4 Name of lender				
		5 Lender address;	City;	State;	Zip Code	••••
	GUARANTOR INFORMATION	6 Name of guarantor				
	not applicable	7 Guarantor address;	City;	State;	Zip Code	
	LENDER INFORMATION	Name of lender				
		Lender address;	City;	State;	Zιρ Code	
	GUARANTOR INFORMATION	Name of guarantor				
	not applicable	Guarantor address;	City;	State;	Zip Code	
	LENDER INFORMATION	Name of lender				
		Lender address;	City;	State;	Zip Code	
	GUARANTOR INFORMATION	Name of guarantor				
	not applicable	Guaranlor address;	City;	State;	Zip Code	
	LENDER INFORMATION	Name of lender	•			
		Lender address;	City;	State;	Zip Code	
	GUARANTOR INFORMATION	Name of guarantor				
	not applicable	Guarantor address;	City;	State;	Zıp Code	
		ATTACH ADDI	TIONAL CORIES C	F THIS FORM AS N	FEDED	

ASSETS VALUED AT \$500 OR MORE		SCHEDULE M
The Instruction Guide explain	ns how to complete this form.	Total pages Schedule M: 1
FILER NAME		3 ACCOUNT # (Ethics Commission filers)
JUDGE GUY HERMAN		
Description of Asset		<u>.</u>
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		·

Texas Ethics Commission

1-800-325-8506